

For Office Use Only: Date: _____ Fee: _____ License #: _____ Track: _____ Clerk: _____	AUTHORIZED AGENT AGREEMENT FORM Kansas Racing and Gaming Commission 700 SW Harrison, Suite 420 Topeka, Kansas 66603-3754 Phone: 785-296-5800 Fax: 785-296-0900	For Office Use Only: <input type="checkbox"/> YES Rulings on <input type="checkbox"/> NO file? Date Check: _____ Clerk: _____
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**PLEASE PRINT IN BLACK INK OR TYPE. ATTACH ADDITIONAL PAGES IF NEEDED.
SIGNATURE OF OWNER/MANAGING OWNER MUST BE NOTARIZED.**

This agreement form must be completed and signed by the owner(s) for each agreement entered into by and between the named Authorized Agent and the Owner(s) for when representation will be provided. The Authorized Agent and Owner(s) must obtain the appropriate occupation license from the Kansas Racing and Gaming Commission prior to engaging in any activities at a Kansas parimutuel racetrack.

I (we), have this day appointed _____
(Name of Authorized Agent)

With a permanent mailing address of _____
(Address) (City) (State) (Zip)

to act for me (us) for the current year, pertaining to the racing of my (our) racing animals under the rules and regulations adopted by the Kansas Racing and Gaming Commission. It is hereby understood that I (we) assume full responsibility for the acts of the above named Authorized Agent in connection with the authority specified below. The appointment may be cancelled by either party upon written notice filed with the Kansas Racing and Gaming Commission and presentation of the above named Authorized Agent's license to the commission.

CHECK ALL APPROPRIATE BOXES:

<input type="checkbox"/> Authority to draw monies:	Limitations:	_____
<input type="checkbox"/> Authority to claim:	Limitations:	_____
<input type="checkbox"/> Authority to enter:	Limitations:	_____
<input type="checkbox"/> Other business:	Describe:	_____

Provide the name(s) of all racing animals for whom the above named Authorized Agent has authority in which to represent you. Attach additional sheets if needed.

NAME OF RACING ANIMAL	BREED	NAME OF TRAINER

The above appointed agent agrees to perform duties as noted: _____
Signature of Authorized Agent

Print name of owner(s)/ownership entity: _____

Being duly sworn, I state that the owner(s)/ownership entity named above is the true owner of the listed racing animals and that the above statements are true:

Signature of Owner/Managing Owner

State of _____
 County of _____

Sworn or affirmed before me this _____ day of _____, 20____.

(SEAL)

NOTARY PUBLIC

My Commission Expires: _____